

## ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 165

Registered No. 219

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 61 Davis Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2. Full name of child

Ramon Piña  
(If child is not yet named, make supplemental report, as directed.)

## 3. Sex of Child

male

To be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other

5. No., in order of birth

## 6. Legitimate?

yes

## 7. Date

of birth

May 23-1928  
Month Day Year

## 8.

## FATHER

Full name

Marcelino Piña

## 9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

## 10. Color or race

Spanish11. Age at last birthday 27 (Years)

## 12. Birthplace (city or place)

Santander

(State or country)

Spain

## 13. Occupation

Nature of industry

## 14.

## MOTHER

Full maiden name

Concha Blanco

## 15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

## 16. Color or race

Spanish17. Age at last birthday 19 (Years)

## 18. Birthplace (city or place)

Douglas

(State or country)

Arizona

## 19. Occupation

Nature of industry

Housewife

## 20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child)(a) Born alive and now living 2

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-  
thalmia neonatorum.yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician  
or midwife, then the father, householder,  
etc. should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature

Cyril M. Brown M.D.Physician

(Physician or midwife)

Given name added from  
a supplemental report

Address

Miami, Arizona

Month, day, year

Filed

May 30, 1928

Registrar.

Registrar.

971-523-326